

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568177

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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20			/			
21		2	/			
22		2	/			
23		2	/			
24		1	/			
25		1	/			
26		1	/			
27		2	/			
28		2	/			
29	1		/			
30	1		/			
31			/			
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50						
TOTAL IND.			3			
TOTAL DEP.			41			
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						